

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1970AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2008
NAME OF PROVIDER OR SUPPLIER LAS VEGAS ALZ & MEM CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3224 BRAZOS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This statement of deficiencies was generated as a result of the annual state licensure survey conducted at your facility on July 25, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulation, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as 6 beds Residential Facility for Groups which provides care to persons with Alzheimer's Disease, Category 2 residents.</p> <p>The census was 6 residents.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	Y 000		
Y 072 SS=F	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every</p>	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 072	Continued From page 1 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure employees receive medication management training at least every 3 years for 1 of 4 employees (#2). Findings include: On 7/25/08 at 1:00 PM, the administrator revealed Employee #2 had not taken a medication management course since 2004. Employee #2 was hired in 10/1994. The file documented the last medication management course was taken on October 26, 2004. Severity: 2 Scope: 3	Y 072		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876		

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Y 876	Continued From page 2 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure an ultimate user agreement was signed for 2 of 6 residents (#3, #4). Findings include: Resident #3 was admitted to the facility on 2/13/08. Review of Resident #3's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #4 was admitted to the facility on 10/18/07. Review of Resident #4's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Severity: 1 Scope: 2	Y 876		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936		

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Y 936	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks;</p> <p>(2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum;</p> <p>(4) Has a fever which is not associated with a cold, flu or other apparent illness;</p> <p>(5) Is experiencing night sweats;</p> <p>(6) Is experiencing unexplained weight loss; or</p> <p>(7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified</p>	Y 936		

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Y 936	Continued From page 4 person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not	Y 936		

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Y 936	<p>Continued From page 5</p> <p>able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p>	Y 936			

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Y 936	Continued From page 6 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) Based on record review, the facility did not ensure 1 of 6 residents had received the required tuberculin (TB) screening testing (#3). Findings include: Resident #3 was admitted to the facility on 2/13/08. The record lacked documented evidence the 2nd step tuberculin screening test was read after it was give on 2/15/08. Severity: 2 Scope: 3	Y 936		
Y 999 SS=E	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure all medications are locked and not accessible by any of the 6 residents. Findings include:	Y 999		

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Y 999	Continued From page 7 On 7/25/08 at 1:00 PM during the facility tour, a file cabinet in the living room where 3 of the residents were watching television was found to be unlocked. A drawer easily accessible to the residents contained alcohol bottles, Hydrogen peroxide, Saf-clens AF, Glycerine suppositories, Lantiseptic skin protector, Fleets enema, Desitin original zinc oxide cream, and Arnica gel pain relief cream. On 7/25/08 at 2:00 PM, the administrator revealed, the file cabinet should have been locked and the caregiver must have forgotten to lock it. Severity: 2 Scope: 3	Y 999		
YA895 SS=E	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	YA895		

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YA895	<p>Continued From page 8</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to follow physician's order for 2 of 6 residents (#1, #4).</p> <p>Findings include:</p> <p>Resident #1:</p> <p>Resident #1 was admitted to the facility on 3/30/07. Resident #1 had a physician's order dated 6/18/08 for Tylenol 500 milligrams by mouth every 4 to 6 hours as needed for pain, and Mylanta 5 milliliters by mouth every 8 hours as needed for stomach discomfort.</p> <p>The medication administration record lacked documentation reflecting the medication orders.</p> <p>On 7/25/08 at 2:00 PM, the administrator and Employee #4 revealed the medication orders were missed.</p> <p>Resident #4</p> <p>Resident #4 was admitted to the facility on 10/18/07. Resident #4 had a physician's order for Tylenol 650 milligrams tablet extended release, 1 tablet 4 times a day as needed for pain. Review of the medication administration record on 7/25/08 revealed, Tylenol 500 milligrams 1 tablet by mouth 4 times a day as needed. The available medication was, Tylenol 225 milligram tablets.</p> <p>On 7/25/08 at 2:30 PM, the administrator revealed, the medications should have been changed at the time the supplies were received to reflect the exact order.</p>	YA895		

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YA895	Continued From page 9 On 7/25/08 at 2:30 PM, Employee #4 revealed, the medication was sent by the pharmacy to the facility and it was the Tylenol 225 milligram bottle. Severity: 2 Scope: 2	YA895		
YA922 SS=D	449.2748(3)(a,b) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to keep a medication in its original container for 1 of 6 residents (#1). On 7/25/08 at 3:00 PM, a medicine cup containing white powdered substance was found in the kitchen. The medicine cup was labeled with Resident #1's name. On 7/25/08 at 3:00 PM, Employee #4 revealed, the medication was not for Resident #1 but could not indicate to whom it would be given and why the medication was crushed. On 7/25/08 at 3:00 PM, the facility administrator revealed, the medication was prepared for Resident #1 due to the name labeled on the	YA922		

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YA922	Continued From page 10 medicine cup. However, the facility administrator could not determine what medication it was and why it was crushed. She stated, " It is for her; It has her name on it but I don't know what it is, maybe Tylenol. I don't know why it was not given soon after it was prepared." Severity: 2 Scope: 1	YA922			

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